

COMMISSION ON LEGAL COUNSEL FOR INDIGENTS

Employee Complaint/Grievance

Waiver of Deadline

Employee Name: _____

Employee Position/Title: _____

Office: _____

Phone Number: _____

Office address: _____

Employee status (check all that apply):

☐ Classified

☐ Non-classified

☐ Applicant

☐ Probationary

☐ Permanent

☐ Temporary

Immediate Supervisor: _____

Supervisor Title: _____

Second Level Supervisor: _____

Title: _____

I, _____ request that the Director waive the deadline for submitting a complaint and/or grievance regarding a matter which occurred on _____, 20__, in order to attempt to resolve this matter informally within the work group.

Dated this _____ day of _____, 20__.

Signature of Employee

Submit form to Commission on Legal Counsel at PO Box 149, Valley City, ND
or by fax to 701-845-8633

The wavier is ☐ granted ☐ denied. Any complaint/grievance relating to a matter which occurred on _____, 20__, must be filed no later than _____, 20__. This form has been (faxed) (mailed) to _____.

Dated this _____ day of _____, 20__.

Signature of Director or Authorized Agent